

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033068

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7877

STATE FILE NUMBER

FILED AUG 22 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST LUKE'S

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY ST LOUIS

c. CITY
OR
TOWN ARBOR TERRACE

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS 3719 MELBA

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
WILLIAMMiddle
T.Last
ZEMBLIDGE SR.4. DATE
OF
DEATH

Month

Day

Year

AUG, 10, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

4/21/98

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

LETTER CARRIER

10b. KIND OF BUSINESS OR INDUSTRY

GOV'T

11. BIRTHPLACE (City and state or country)

ST LOUIS MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM ZEMBLIDGE

13b. MOTHER'S MAIDEN NAME

FRIEDA BEYERT

14. NAME OF HUSBAND OR WIFE

VIOLA ZEMBLIDGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

YES

(If yes, give war or dates of serv)

WORLD I

O.

17. INFORMANT

Address

VIOLA ZEMBLIDGE 3719 MELBA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

OBSTRUCTION OF SUPERIOR VENA CAVA 2-3 DAYS

FAR ADVANCED CANCER OF LUNG 3-4 Mos.

163X

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

WIDESPREAD BONY METASTASES

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 7:10 PM 8/10/62

7/3/62

to 8/10/62

and last saw him alive on 8/10/62

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard M. Spore M.D.

22b. ADDRESS

52 Maryland Plaza (8)

22c. DATE SIGNED

8/11/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

8/13/62

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST LOUIS MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

STROOT - CARROLL 4600 NAT'L BRIDGE

25. DATE RECD. BY LOCAL REG.

AUG 13 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1

2400 23 S

3

4 0

5 1

6

7 0

8 2

9

10

11

12 81-0

13

81

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M E Rutter

Licensed Embalmer No.

4865

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.